NEW PATH
Mental Health & Wellness

Consent and Service Agreement

Welcome to your first session at New Path Mental Health & Wellness! Please review this form carefully, and feel free to ask us any questions.

About our Services:

It's our goal to offer a positive, empowering, and life-enriching experience for our clients. The potential benefits of counseling are many and include improved functioning, relationships, self-image, mood, and the attainment of personal goals. However, in some cases, people have reported feeling worse after counseling. Clients understand that healing and growth are difficult, and some discomfort will likely be a part of the counseling process.

Initials:

Confidentiality:

Your confidentiality and privacy are essential to us. New Path Mental Health & Wellness is considered a "covered entity" under HIPAA, meaning that we comply with HIPAA privacy rules. Our full notice of privacy practices was included in your email confirmation and is also available on our website at www.newpathlittlerock.com. All communications and records with your counselor are kept strictly confidential. Information may be released, in accordance with state law, when (1) the client signs a written consent to release; (2) the client expresses serious intent to harm self or someone else; (3) there is reasonable suspicion of abuse against a minor, elderly person, or dependent adult; (4) for billing purposes; or (5) a subpoena or court order is received. In compliance with ethical codes, including section 2.2 of the AAMFT Code of Ethics, when providing couple, family, or group treatment, your counselor will not disclose information outside the treatment context without a written authorization from each competent to execute a release. The client agrees to this policy regardless of who is paying for services, and regardless of who is listed as the 'identified patient' for 3rd party payments.

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Recording of Sessions:

To protect the privacy, confidentiality, and therapeutic integrity of the treatment process, New Path Mental Health & Wellness **prohibits the audio recording, video recording, photographing, livestreaming, or any other form of recording of therapy sessions, medication management appointments, or other clinical services. This prohibition applies to clients as well as any parent, guardian, family member, support person, or other individual accompanying the client.**

New Path Mental Health & Wellness recognizes that Arkansas is generally a one-party consent state for the recording of conversations. However, as a private healthcare practice, New Path establishes recording restrictions as a condition of providing services. By accepting treatment, clients and any accompanying individuals agree to comply with this policy while on the practice's premises or participating in services provided by New Path, including telehealth appointments.

Any unauthorized recording is considered a violation of this agreement and will result in the **immediate termination of the session and/or discharge from the practice** at the sole discretion of the treating provider and New Path Mental Health & Wellness.

By signing this Informed Consent, I acknowledge that I have read, understand, and agree to comply with this Recording of Sessions Policy.

Initials:

Electronic Communication & Online Counseling:

Telephone, email, and videoconference are not encrypted methods of communication, and they pose some confidentiality risk. Our team communicates using these media. Occasionally, your counselor or someone from our team may follow up with you by telephone, text or email for scheduling, billing, quality assurance, or other reasons. If you would prefer not to be contacted by email, simply inform your counselor, and your preferences will be respected. If you and your counselor are participating in distance counseling sessions, the counselor will abide by the laws

and ethical codes of his/her state of licensure. While a growing body of research has shown that distance counseling services, delivered via various electronic means, can be effective, these services are relatively new compared to traditional (in-person) counseling, which has a much longer track record of positive outcomes. Distance counseling may not be appropriate for some clients and for the treatment of some mental health issues.

Initials:

Telehealth Sessions:

Telehealth appointments are accessed through your client portal. You must be logged in and have video and audio capabilities to complete your session.

https://www.therapyportal.com/p/cocopsychiatric

YOU WILL NOT GET A PHONE CALL FROM OUR OFFICE TO START YOUR TELEHEALTH SESSION!

If you are having trouble logging in to your client portal, please contact our office by phone or text ***BEFORE*** your scheduled appointment time.

Initials:

Social Media:

Our counselors do not accept friend requests or follow current/ former clients on any social media sites such as Facebook, LinkedIn, Twitter, or Pinterest. Friending/following clients compromises confidentiality and treatment boundaries. We are concerned with your privacy.

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Initials:

Scheduling and Cancellations:

Appointments can be canceled or rescheduled with 24-hour notice. If less than the required notice is given, the client agrees to pay a $99 fee (insurance will not cover missed appointments). **Please note that we enforce this policy. A credit card will be held on file and charged if you miss your appointment without giving 24-hour notice.**

Initials:

Conflicts:

We work hard to ensure that you have a positive experience. If you have a negative experience, please let us know, and we will try to make it right. If a conflict occurs, it is agreed that any disputes shall be negotiated directly between the parties. If these negotiations are not satisfactory, then the parties agree to mediate any differences. Litigation shall be considered only if these methods are given a good-faith effort.

Initials:

Emergency Contacts:

Your counselor will establish emergency contacts for you, such as a family member, a mobile phone, or a work phone number. These contacts may be used if your counselor deems it necessary. If you are in crisis and cannot reach your counselor, please go to your nearest emergency room.

Initial:

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Co-pays / Co-insurance:

Payment, including insurance co-pays and co-insurance, is due at the time of service. A credit card will be held on file for this purpose.

Initial:

Non-Payment:

All clients are solely responsible for nonpayment by insurance companies. Client gives the practice permission to charge their credit/debit card on file for any outstanding fees. Clients understand they are fully responsible for all costs if the insurance or other vendor does not pay for any reason. We accept your insurance as a courtesy, but you are liable for any non-payment by your insurance company. Please read your policy carefully and ask any questions to avoid confusion. Our office has the right to postpone treatment, place a hold on medication orders, or discharge due to non-payment. Please see our Financial Agreement for a detailed explanation.

Initials:

**Be advised that exceptional circumstances requiring a court appearance or any additional paperwork for legal matters, including disability claims, could require coordination for assessments, psychological testing, and even court preparation to enable success. Failure to disclose these things will likely result in less-than-ideal outcomes. Please inform your counselor if any of these situations pertain to you.

**We require at least 10 sessions before assisting a client with any legal matters. We need that time to understand and properly diagnose conditions as well as conduct basic therapy.

Initials:

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I consent to a comprehensive initial assessment, which will result in an individualized treatment plan.

I consent to treatment and understand that I have the right to refuse and/or halt therapy at any time.

I have been provided a Notice of Privacy Practices and Patient Bill of Rights, and I have read and fully understand and agree to honor this agreement.

Client(s) Signature:

Date:

[1]

[1] Revised July 2026